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Atty. Docket: TORRES=1A

**Combined Declaration for Patent Application and Power of Attorney**

As a below-named inventor, I hereby declare that:  
 My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
TREATMENT OF HIV-ASSOCIATED DYSMORPHIA/DYSMETABOLIC SYNDROME (HADDs) WITH OR WITHOUT LIPODYSTROPHY

the specification of which (check one)

- [ ] is attached hereto;  
 [X] was filed in the United States under 35 U.S.C. §111 on 30 December 1999, as U.S. Appl. No. 09/475,982\*, or  
 [ ] was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/\_\_\_\_\_, filed \_\_\_\_\_, entry requested on \_\_\_\_\_\*, national stage application received U.S. Appl. No. \_\_\_\_\_\*, §371/§102(e) date \_\_\_\_\_\* (\* if known)

and was amended on \_\_\_\_\_ (if applicable).  
 (include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information known by me to be material to patentability as defined in 37 C.F.R. §1.56.  
 I hereby claim foreign priority benefits under 35 U.S.C. §§ 119 and 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

_____ (Number)	_____ (Country)	_____ (Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (Number)	_____ (Country)	_____ (Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or prior PCT application(s) designating the U.S. listed below, or under §119(e) of any prior U.S. provisional applications listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

60/114,389 (Application No.)	30 December 1998 (Day Month Year Filed)	pending (Status: patented, pending, abandoned)
_____ (Application No.)	_____ (Day Month Year Filed)	(Status: patented, pending, abandoned)
_____ (Application No.)	_____ (Day Month Year Filed)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All of the practitioners associated with Customer Number 001444  
 Direct all correspondence to the address associated with Customer Number 001444; i.e.,  
**BROWDY AND NEIMARK, P.L.L.C.**  
 624 Ninth Street, N.W.  
 Washington, D.C. 20001-5303  
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The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from Istituto Farmacologico Serrano S.p.A. as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

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Title: TREATMENT OF HIV-ASSOCIATED DYSMORPHIA/DYSMETABOLIC SYNDROME (HADDS) WITH OR WITHOUT LIPODYSTROPHYU.S. Application filed 30 December 1999 Serial No. 09/475,989  
PCT Application filed \_\_\_\_\_ Serial No. \_\_\_\_\_

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Ramon A. TORRES		INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 10/1/00
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FULL NAME OF SECOND JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF THIRD JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FOURTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			

ALL INVENTORS MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL INVENTORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DECLARATION MUST BE SEEN BY ALL INVENTORS.